

NC Treatment Outcome and Program Performance System (NC-TOPPS) and Person Centered Planning (PCP)

Marge Cawley, Ph.D., NDRI
Mindy McNeely, MA, NCSU

What is NC-TOPPS?

- Key tool in Division's State Plan for Transformation

Goal is to **IMPROVE**,
not **REPROVE**

What is NC-TOPPS?

- ❖ Aids in assessing services for consumers
 - Outcomes Measurement: systematic collection of data
- ❖ Aids in improving services for consumers
 - Outcomes Management: use of the data to improve services and attainment of outcomes

How NC-TOPPS Data are Used?

- Analysis of important topics
- Descriptive information about participating consumers at various points in time
- Comparison of consumers in one program to similar consumers
- Overall outcome results within programs:
Program performance

Availability of Data and Reports

- Annual reports can be provided for statewide, LME and provider specific
- Online queries
- LME and Providers analyze own data

What is NC-TOPPS?

- NC-TOPPS is an online interview that is designed to:
 - **Provide data** that enables programmatic and clinical decision making for the **improvement of treatment and services by providers**
 - **Provide accountability** to stakeholders such as consumers, taxpayers, funding entities, and accrediting bodies.

Purpose:

- To meet federal outcome requirements
 - block grants and National Outcomes Initiative
- To meet NC General Assembly reporting requirements
 - Required Semi-annual report to the Joint Legislative Oversight Committee
- Integrate into LMEs quality improvement systems
- Assist provider agencies in meeting accreditation quality improvement and management criteria

Why Should I Care?

- Can be used to meet accreditation quality improvement and management criteria
- Data you provide is used in reports
- Captures consumer information over an episode of care

Why Should I Care?

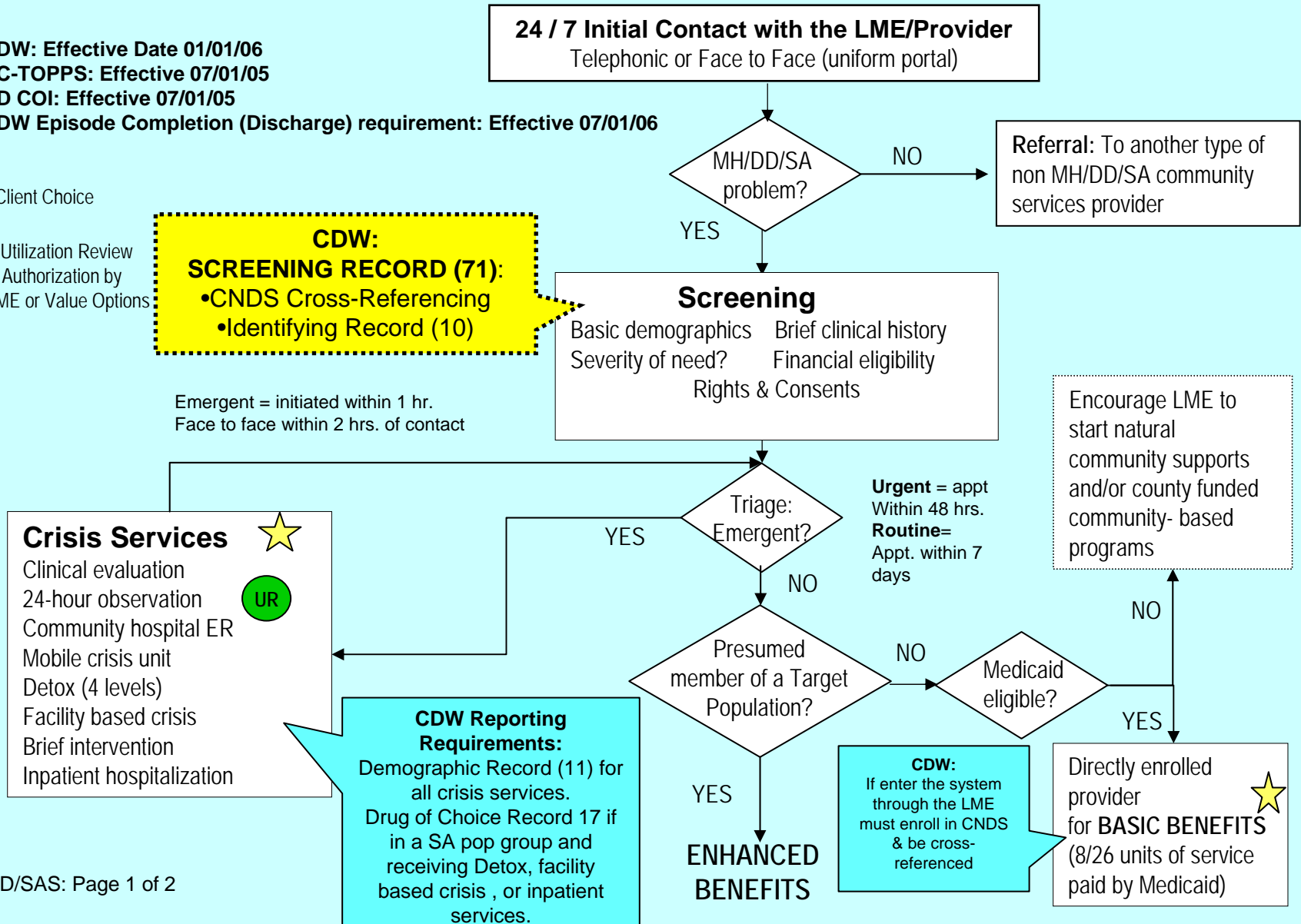
- Completion of NC-TOPPS is a part of the LME-Provider agreement. (flow chart and PCP Admission Form)
- As a clinical tool it is useful in designing and updating Person Centered Plan (PCP)
 - By providing a quick clinical assessment for capturing key points for PCP

CDW, NC-TOPPS, and COI Reporting Requirements: Access/Screening/Triage/Referral & Crisis Services

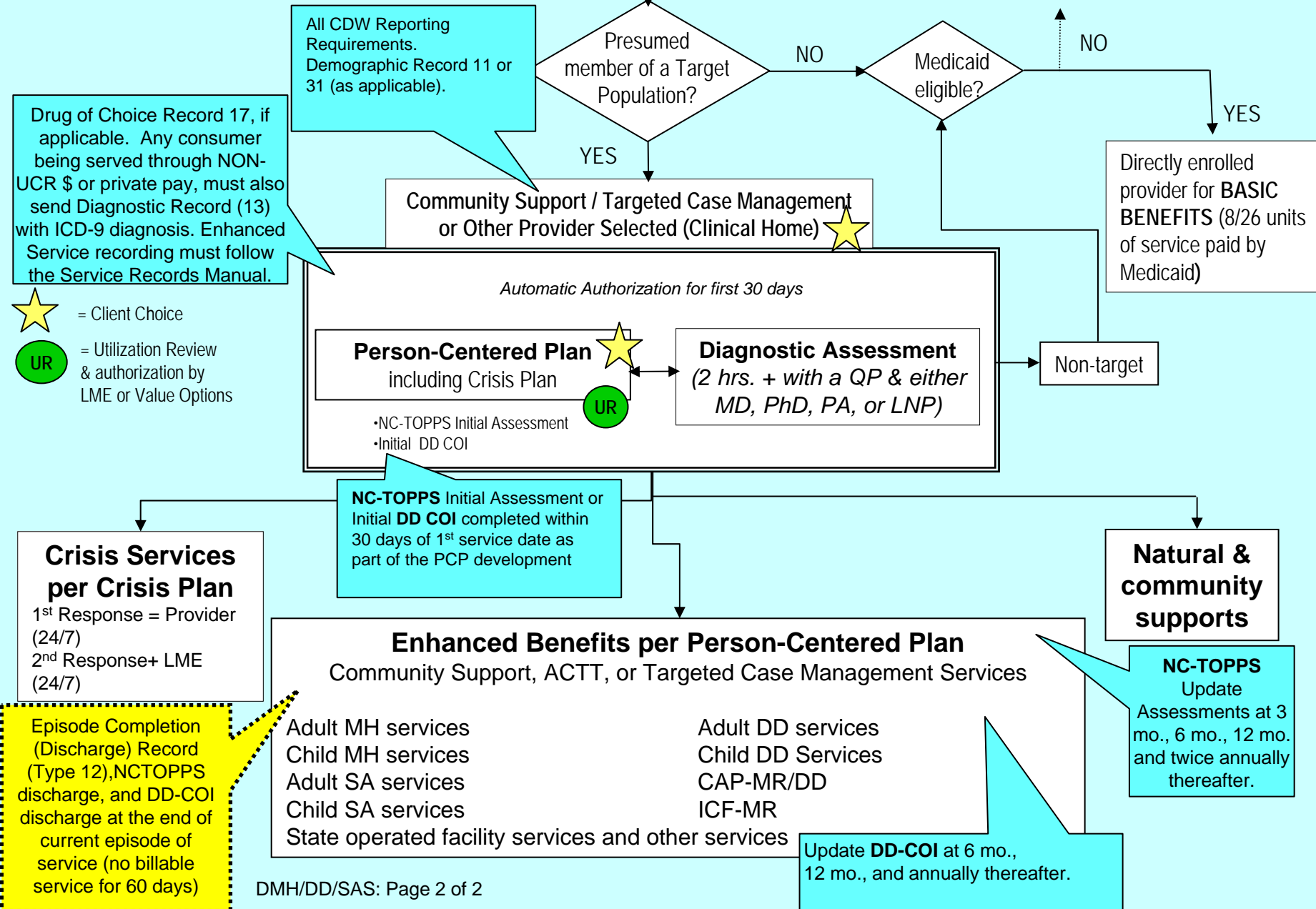
- **CDW: Effective Date 01/01/06**
- **NC-TOPPS: Effective 07/01/05**
- **DD COI: Effective 07/01/05**
- **CDW Episode Completion (Discharge) requirement: Effective 07/01/06**

★ = Client Choice

UR = Utilization Review
& Authorization by
LME or Value Options



CDW, NC-TOPPS, and COI Reporting Requirements: Assessment/ Person-Centered Planning, and Service Delivery



PCP Consumer Admission Form

- Required to be completed as part of PCP for all Enhanced Benefits Service consumers within 30 days of service initiation
 - Must be submitted to the LME
- Creation of custom database using information from Person Centered Plan (PCP) Consumer Admission Form

Who Completes the Interview?

- The provider agency that is considered the consumer's **“clinical home”**.
- The “clinical home” is the agency who is responsible for completing the person centered plan (PCP)
- The *clinical home QP completing the PCP is responsible for completing the NC-TOPPS*
- *<https://nctopps.ncdmh.net/NC-TOPPSGuidelinesVersion3.1July06.pdf>*

For What Consumers Should NC-TOPPS Be Completed?

- All LME consumers **6 years** of age and older who are receiving **enhanced benefits** (i.e. community support) and enrolled in **target populations**.

How Frequently?

- At Intake (completed w/in 30 days of 1st service date as part of PCP)
- 3 months
- 6 months
- 12 months
- Every 6 months thereafter
- Transfer
- Episode Completion

NOTE: There is a two week window before and after your target date.

Accessing the Interview

- <http://nctopps.ncdmh.net/>
- You will need a clinical ID and password to access the online interview.
- There are also paper versions for reference
- You can practice using the ID “training” and password “training”.

Questions to be answered by Outcomes Information

- What difference has the program made in the lives of participants?
- What can consumers do now that they couldn't do before?
- How have their behaviors, knowledge, skills or attitudes changed?
- What is their status or life situation now, compared to before?